

Madigan Army Medical Center Referral Guidelines

Urinary Incontinence (Female)

Diagnosis/Definition

Involuntary loss of urine that is bothersome to the patient.

Initial Diagnosis and Management

- Quantify the leakage and ask the patient how much this impacts her daily living (i.e. # of pads/day and whether leak is small or large amount). Leakage that is not bothersome to the patient does not require treatment.
- Urinalysis and culture.
- Acute allergic and asthma symptoms causing sneezing/coughing should be maximally controlled.
- Gynecologic history: post or premenopausal/prior hysterectomy/salpingo-oophorectomy/estrogen replacement/dyspareunia.
- Bladder functions/frequency of voiding/normal sensation of filling and complete emptying/nocturia. Have the patient keep a three-day voiding diary including fluid intake (quantify), micturation, and notation of leaking episodes with events surrounding loss (urge, no sensation, etc.).
- A program of pelvic floor exercises.

Ongoing Management and Objectives

Improvement in involuntary loss of urine.

Indications for Specialty Care Referral

- Patient request.
- If incontinence impacts daily living enough to warrant medical or surgical treatment.

Criteria for Return to Primary Care

After maximal medical or surgical benefit is obtained.

Last Review for this Guideline: **September 2009**
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator